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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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BACON & THOMAS, PLLC 625 SLATERS LANE FOURTH FLOOR ALEXANDRIA, VA 22314-1176				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Attn: Benjamin E. Urcia				(Depositor's name)		
- Bonjan	im B. Orcia					(Signature)
					· · · · · · · · · · · · · · · · · · ·	(Daie)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTO		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,361 07/29/2003		Sen-Chia Chang	en-Chia Chang CHAN3210/EM 4483		4483	
TITLE OF INVENTION: METHOD AND SYSTEM FOR UTTERANCE VERIFICATION						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DA'TE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/24/2009
EXAMI	ver	ART UNIT	CLASS-SUBCLASS			
VO, HUYEN X		2626	704-232000			
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3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	I THE PATENT (print or ty	vne)		
 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 						
Industrial Technology Research Institute Hsinchu, Taiwan, R.O.C.						
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The short the appropriate assigned eategory of eategories (with not be printed on the patient). — Individual — Corporation of other private group entity — Government						
4a. The following fee(s) are submitted: Solution Sol			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
5. Change in Entity State a. Applicant claims		•			ENTITY status, See 37 CI	
						ne assignee or other party in
Authorized Signature	16 C		Date 9/29/09			
Typed or printed name Benjamin E. Urcia			Registration No. 33,805			
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